

Washington State Fusion Center Fusion Liaison Officer Certification Course Application



Applicant Name: (First, MI, Last)			Date of ap	Date of application:			
Agency:			Office Ph	Office Phone:			
Division:			Mobile Pl	Mobile Phone:			
Position/ Title/ Assignment:			Fax:				
			Office En	nail:			
		Γ					
Badge#:	Agency ORI#:			Date of Course requested:			
Business Mailing Address	s:		City:		Zip:		
		FLO I	PROGRAM		1		
					network of officers from local o		
					rections and emergency manager		
					s and serve as the conduit throug ment and analysis through the st		
					ent of the Statewide Integrated In		
(SIIS) and provides the i	mechanism to gather	and analyze inform	ation, and share	e actio	onable intelligence.	temgence system	
		CERTIFICATIO					
Yes No I am	a sworn/certified Pol	ice, Firefighter, Mil	itary officer in	the St	tate of Washington.		
	a Criminal Intelligen				<u> </u>		
	e been officially desi	•			•		
☐ Yes ☐ No Is you	ır department / agend	cy currently receivir	ng or eligible fo		state or federal grant funding.		
FLO PROGRAM USE ONLY	Approved: Yes No	Wait list: Yes No	Denied: Yes No		FLO Program Coordinator A	pproval:	
	Fusion	Liaison Offi	cer Certifi	cati	on Course		
This is a mandatory one yearly continuing educati	day class which is on requirement. FLovertime, backfill, an	recognized by the OB asic is also reco	Criminal Justice gnized by US I	e Trai Depart	ngton State Fusion Center (WSF ining Commission (CJTC) and getment of Homeland Security as a your agency/employer. By sign	goes toward LEO an approved cours	
D4					D-4-		
Print					Date		
Applicant Signature			Contact Number				
Print					Date		
Supervisor Signature					Contact Number		
Print					Date		
A/D					Contact N. 1		
Agency/ Department Head signature					Contact Number		